



DEPARTMENT OF THE NAVY  
BUREAU OF NAVAL PERSONNEL  
5720 INTEGRITY DRIVE  
MILLINGTON TN 38055-0000

5720  
PERS 00J6/201800293  
March 13, 2018

Mr. Michael Hoover  
Interpleader Law, LLC  
9015 Bluebonnet Boulevard  
Baton Rouge, LA 70810

Dear Mr. Hoover:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request dated March 12, 2018. You seek a copy of the Servicemembers' Group Life Insurance Election and Certificate (SGLV 8286), or handwritten notes, from 2010 to present pertaining to ET1 William J. Bruso. Your request was received in this office on March 12, 2018, has been assigned FOIA correspondence file number CNPC20180293 by this command.

A releasable copy of responsive documentation is enclosed. The redacted portions of the released documentation are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of other identified individuals. The Sailor's social security number is also excised as this number may be utilized by beneficiaries.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request, you may contact the undersigned at (901) 874-3165. You

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may also contact the DON FOIA Public Liaison, Christopher Julka, at [Christopher.a.julka@navy.mil](mailto:Christopher.a.julka@navy.mil) or (703) 697-0031. You may also contact the Office of Government Information Services (OGIS) as they provide a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information go to: <https://www.archives.gov/ogis/about-ogis/contact-information>.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. P. German', written in a cursive style.

D. P. GERMAN  
FOIA/PA Officer  
By direction



**Prudential**

Office of Servicemembers'  
Group Life Insurance

Print Form

Save Completed Form

Clear Form

## Servicemembers' Group Life Insurance Election and Certificate

### 1. About You

William, John, Bruso  
Print Name (First, Middle, Last)

CSCSV GL  
Duty Location

ET1/E5  
Rank, title or grade

USN  
Branch of Service

(b)(6)  
Social Security Number

400,000  
Current Amount of SGLI

### 2. About Your Coverage

I am completing this form to: (Check all that apply)

- ☒ Name or update my SGLI beneficiary. You must complete sections 3 & 5.  
☐ Increase or restore my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3, 4, & 5.  
☐ Reduce my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3 & 5.  
☐ Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.

Coverage is  
available in  
increments of  
\$50,000 up to  
a maximum  
of \$400,000.

### 3. About Your Beneficiaries Complete this section unless you are declining coverage.

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1. (b)(6)	(b)(6)	(b)(6)	50%	
2. (b)(6)	(b)(6)	(b)(6)	50%	
3.				
4.				
<b>Secondary</b>				
1.				
2.				
3.				
4.				

☐ Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by UMB Bank, N.A. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc. and UMB Bank, N.A. are not Prudential financial companies.

**4. About Your Health** Complete this section **ONLY** if you are restoring or increasing coverage.

09, 14, 1987  
Your date of birth (MM, DD, YYYY)

165  
Your weight

5' 10"  
Your height

Your gender ☐ Female  
☒ Male

Have you had, been treated for, or had known indications of:

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| a. A heart condition?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. High blood pressure?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. A neurological disorder?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Diabetes?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Cancer or tumors?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Have you ever been diagnosed as having a disease of the immune system?                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Do you have any known physical impairments, deformities, or ill health not covered above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

If you answered yes to any question above, your request to increase coverage will not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered no to all the questions above, your request for increased coverage takes effect immediately.

**5. Your Signature** You must complete this section.

I have read the instructions and understand that:

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, spouse SGLI automatically covers my spouse. If my spouse is also a member of the uniformed services and we were married on or after January 2, 2013, spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums. I can decline spouse SGLI coverage by completing SGLV 8286A.
- I am free to name anyone I want as my beneficiary. I certify that I understand if I have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that if I am married, my spouse may be notified that he/she (or my child) is not my designated beneficiary.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Service Member Signature

(b)(6)  
Social Security Number

05/16/2014  
Date (MM, DD, YYYY)

1908 Forgestal Dr. Great Lakes, IL 60088  
Address

Submit this form to your Unit Personnel Clerk.

For Branch of Service Use Only

(b)(6)  
Branch of Service

Rank, rate or grade

CTR

(b)(6)  
Date

Date

Address

16 MAY 2014  
PSD Great Lakes, IL

For OSGLI Use Only

Representative

Approve

Disapprove

Date



**Prudential**

Office of Servicemembers'  
Group Life Insurance

## Servicemembers' Group Life Insurance Election and Certificate

WILLIAM JOHN BRUSO

Print Name (First, Middle, Last)

E5 / ET2

Rank, title or grade

(b)(6)

Social Security Number

CSCSU GREAT LAKES

Duty Location

UNITED STATES NAVY

Branch of Service

### About Your Coverage

I am completing this form to: (Check all that apply)

- ☐ Name or update my SGLI beneficiary. You must complete sections 3 & 5.
- ☐ Increase or restore my SGLI coverage to \$ \_\_\_\_\_ You must complete sections 3, 4, & 5.
- ☐ Reduce my SGLI coverage to \$ \_\_\_\_\_ You must complete sections 3 & 5.
- ☐ Decline (cancel) SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.

**Primary**  
Name and Address

Social Security Number  
(If available)

Relationship  
to you

Share  
to each  
(% or \$  
amounts)

Payment Option  
(Lump sum\* or  
36 equal monthly  
payments)

(b)(6)

(b)(6)

(b)(6)

100%

Lump sum

2.

3.

4.

**Secondary**

(b)(6)

(b)(6)

(b)(6)

100%

Lump sum

2.

3.

4.

☐ **Have more beneficiaries?** Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

\*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

N/A

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender ☒ Female  
☒ Male

Have you had, been treated for, or had known indications of:

- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

Yes No

☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐

Did you answer YES to any question? If so, rephrase the question by letter and list date, duration and extent below.

Any request to increase coverage does not take effect until approved by OSGLI.

I have read the instructions and understand that:

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums. I can decline Family SGLI coverage by completing SGLV 8286A.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

\$400,000.00

Current Amount of SGLI

193 MERIDIAN COURT, APT B, GREAT LAKES, IL 60088

Address

Name of Personnel Clerk

(b)(6)

Representative

Rank, title or grade

CTR

Approve ☐

Contact telephone/email

(b)(6)

Disapprove ☐

Date

21 OCT 2011

Date

Address

315A BRONSON AVENUE BLDG 2C  
GREAT LAKES, IL 60088

## Information for the Service Member

### About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

#### Naming Beneficiaries who will receive the insurance

Question	Answer
What happens if I am not married?	The Branch of Service will notify your spouse that he or she is not the named beneficiary.
What happens if I am married?	The Branch of Service will notify your spouse that you reduced or declined coverage.
How often should I update my beneficiary information?	You should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
What happens if I have more than one beneficiary?	The sum of the shares must equal 100% or the full dollar amount of your insurance.
What happens if I have a child?	You must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
What happens if I have a child who is a minor?	<ul style="list-style-type: none"> <li>■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate, if the beneficiary is a minor at time of claim.</li> <li>■ You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children.</li> <li>■ Naming a trust as a beneficiary on this form does NOT create a trust.</li> </ul>
What happens if I have a child who is a minor and I have a will?	SGLI will pay the shares equally among the remaining primary beneficiaries.
What happens if I have a child who is a minor and I have a trust?	You must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Trust documents are not needed until a claim is submitted.)
What happens if I have a child who is a minor and I have a will and a trust?	SGLI will divide the insurance benefit among the secondary beneficiaries.
What happens if I have a child who is a minor and I have a will and a trust and I have a will?	SGLI will pay the insurance benefit in the following order: <ol style="list-style-type: none"> <li>1. Widow or widower</li> <li>2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)</li> <li>3. Parent(s) in equal shares or all to surviving parent</li> <li>4. A duly appointed executor or administrator of your estate</li> <li>5. Other next of kin</li> </ol>

#### Payment Options

Question	Answer
What happens if I select a lump sum payment?	Write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account**, by check, or Electronic Funds Transfer (EFT).
What happens if I select a monthly payment?	<p>*Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.</p> <ul style="list-style-type: none"> <li>■ Write "6" under the Payment Option.</li> <li>■ Your beneficiary cannot change this payment option.</li> </ul>
What happens if I select a payment option?	Write the phrase "lump sum" under Payment Option or leave blank.

## Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

Member's Question	Branch of Service Official Use Only	For Personnel Clerk's Use Only
Does the member have SGLI coverage?	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	
Did the member change SGLI coverage?	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> <li>Approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions.</li> <li>Send form to OSGI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGI.</li> </ul>
Did the member increase SGLI coverage?	<ul style="list-style-type: none"> <li>an application with health questions is required to increase coverage at a later date.</li> <li>if the member is married, the Branch of Service must provide written notification to his or her spouse that the member reduced coverage.</li> </ul>	Forward the form to payroll to change SGLI premium deductions.
Did the member decline SGLI coverage?	<ul style="list-style-type: none"> <li>this will also cancel Family SGLI coverage—both spousal coverage and dependent child coverage and Traumatic Injury Protection (TSGLI).</li> <li>if the member is married, the Branch of Service must provide written notification to his or her spouse that the member declined coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Have the service member complete SGLV 8286A to end payment of Family spousal premiums. The service member does not need to complete a form to end payment of TSGLI premiums.</li> <li>Forward the form to payroll to change SGLI premium deductions.</li> </ul>
Did the member want to add spousal coverage?	<ul style="list-style-type: none"> <li>Family SGLI automatically covers spouse.</li> <li>he or she must register their spouse in DEERS for payroll to deduct premiums.</li> <li>if the member wants to decline coverage or take a lesser amount of spousal coverage, the member must complete SGLV 8286A.</li> </ul>	<ul style="list-style-type: none"> <li>If applicable, forward the form to payroll to begin premium deductions for the spousal coverage.</li> <li>Forward the form to payroll to begin premium deductions for the spousal coverage, if applicable.</li> </ul>
Did the member ask for legal advice?	the advice of a military attorney is available at no expense.	Direct them to the appropriate resource.
Did the member designate a beneficiary?	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.	Attach the Supplemental Beneficiary Form to the 8286.
Did the member change the beneficiary?	<ul style="list-style-type: none"> <li>while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she understands the designation is unusual and the person named will receive the benefit.</li> <li>if the member is married, the Branch of Service must provide written notification to his or her spouse that the member changed the designation.</li> </ul>	Have the member sign a paper with the following statement: I certify that I understand my beneficiary designation is unusual, and I intend <named beneficiary> to receive my insurance proceeds in the event of my death. I also understand that if I am married, my spouse will be notified that he/she is not my designated beneficiary.

## 2. After the form is completed, Personnel Clerk should:

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGI

PO Box 41618

Philadelphia, PA 19176-9913



Please read the instructions before completing this form.

## Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)  
☒ Name or update your beneficiary  
☐ Reduce the amount of your insurance coverage  
☐ Decline insurance coverage

**Important:** This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name Rank, title or grade Social Security Num (b)(6)  
 BRUSO, WILLIAM JOHN E5/ET2 (b)(6)

Branch of Service (Do not abbreviate) Current Duty Location  
 UNITED STATES NAVY USS THEODORE ROOSEVELT CVN 71

**Amount of Insurance**

By law, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$400,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

☐ I want coverage in the amount of \$ \_\_\_\_\_ Your Initials \_\_\_\_\_  
☐ \_\_\_\_\_ (Write "I do not want insurance at this time.")

\*Note: Reduced or refused insurance can only be restored by completing form SGLV 8245 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

### Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
1. (b)(6)		(b)(6)	50%	LUMP SUM
2. (b)(6)		(b)(6)	50%	LUMP SUM
3.				
4.				
<b>Additional Principals on page 5 (check if applicable)</b>				
<b>Contingent</b>				
1.				
2.				
3.				
4.				
<b>Additional Contingents on page 5 (check if applicable)</b>				

**I HAVE READ AND UNDERSTAND** the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

**SIGN HERE IN INK** William John Brus Date: 18 FEB 2011  
 (b)(6) Do not print.)

Do not write in space below. For official use only.

TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
	USS TR CVN71	2011FEB18

Original Copy - Member's Official Personnel File p. 2  
 Photocopy 1 - To Member  
 Photocopy 2 - To Active or Reserve Component of Uniformed Services